



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>09 Custer</b>		<b>0172 Miles City Elem</b>					<b>Elementary</b>	
<b>Percentage</b>	<b>District #</b>	<b>Route #</b>	<b>Miles Per Day</b>	<b>Rate Per Mile</b>	<b>Capacity</b>	<b>Inspection</b>	<b>Days Operated</b>	<b>Bus Driver's Social Security #</b>
100	1	3	70	0.95	47	08/22/05	_____	_____
100	1	4	40	0.95	16	08/22/05	_____	_____



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DATES:**

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**February 1 to County Superintendent**  
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**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

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Date		Signature, Chair, Board of Trustees						
County: <b>09 Custer</b>		District: <b>0187 Kinsey Elem</b>					District Level: <b>Elementary</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	63	5	112.4	1.57	72	08/22/05		



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Date		Signature, Chair, Board of Trustees						
County: <b>09 Custer</b>		District: <b>0192 Custer County H S</b>					District Level: <b>High School</b>	
<b>Percentage</b>	<b>District #</b>	<b>Route #</b>	<b>Miles Per Day</b>	<b>Rate Per Mile</b>	<b>Capacity</b>	<b>Inspection</b>	<b>Days Operated</b>	<b>Bus Driver's Social Security #</b>
100	1	1	119	1.15	57	08/22/05	_____	_____
100	1	2	98	1.15	53	08/15/05	_____	_____